Alexandria, VA 22313-1450

PTO/SB/30 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

2272RCE(218396)

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Attorney Docket Number

Request **Application Number** 10/771,257-Conf. #2419 for February 3, 2004 Filing Date Continued Examination (RCE) First Named Inventor Antonio Cattaneo **Transmittal** Address to: 1631 Art Unit Mail Stop RCE **Commissioner for Patents** J. M. Sims **Examiner Name** P.O. Box 1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

applicant does no amendment(s).	quired under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and losed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If it wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such						
	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.						
i Co	nsider the arguments in the Appeal Brief or Reply Brief previously filed on						
ii. 🗌 Oth	ner						
b. X Enclose	ed						
i. X Am	endment/Reply iii. Information Disclosure Statement (IDS)						
ii. 🔲 Affi	davit(s)/Declaration(s) iv. Other						
2. Miscellaneous	7						
a. Susper	ப்பு ision of action on the above-identified application is requested under 37 CFR 1.103(c) for a						
<u>; </u>	of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)						
b. Other							
3. Fees The RO	E fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.						
a. X The Dir	ector is hereby authorized to charge the following fees, any underpayment of fees, or credit any						
overpa	yments to Deposit Account No. <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.						
	yments to Deposit Account No. 04-1105 . I have enclosed a duplicate copy of this sheet. E fee required under 37 CFR 1.17(e)						
i. X RC	yments to Deposit Account No. <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. E fee required under 37 CFR 1.17(e)						
i. X RC	yments to Deposit Account No. <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. E fee required under 37 CFR 1.17(e) ension of time fee (37 CFR 1.136 and 1.17)						
i. X RC ii. Ext iii. Oth	yments to Deposit Account No						
i. X RC ii. Ext iii. Ott b. Check	whents to Deposit Account No						
i. X RC ii. Ext iii. Ott b. Check c. Payme	rements to Deposit Account No						
i. X RC ii. Ext iii. Oth b. Check c. Payme WARNING: Information	whents to Deposit Account No						
i. X RC ii. Ext iii. Oth b. Check c. Payme WARNING: Information	wments to Deposit Account No						
i. X RC ii. Ext iii. Oth b. Check c. Payme WARNING: Information	wments to Deposit Account No						
i. X RC ii. Ext iii. Oth b. Check c. Payme WARNING: Information	ension of time fee (37 CFR 1.136 and 1.17) en						

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405.00 DA

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/	Complete if Known							
Fees pursuant to the Consolidated Appropri	Application Num	ber 1	10/771,257-Con					
FEE TRANSI	Filing Date	F	ebruary 3, 200	04				
For FY 20	First Named Inve	entor A	Antonio Cattaneo					
1011120	Examiner Name J. M. Sims		. M. Sims					
X Applicant claims small entity state	Art Unit	631						
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 2272RCE(218396)							
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Medical Research Council								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FII	ING FEES SE Small Entity	ARCH FEES	EXAMIN	ATION FEES				
Application Type Fee (\$		Small Entity See (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)		
Utility 310	155 510	255	210	105				
Design 210	105 100	50	130	65				
Plant 210	105 310		160	80				
Reissue 310	155 510		620	310				
Provisional 210	105 0	0	0	0				
2. EXCESS CLAIM FEES Fee Description Small Entire Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reiss		50	25					
Each independent claim over 3 (incl		210	105					
Multiple dependent claims						185		
Total Claims Extra Claims	Paid (\$)	Mu	Itiple Depende	nt Claims				
HP = highest number of total claims paid for		Fee	<u> (\$)</u>	ee Paid (\$	1			
Indep. Claims Extra Claims		Paid (\$)	-	- -		_		
	=	raid (\$)						
HP = highest number of independent claims								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00								
SUBMITTED BY 0								
Signature ////	1991	Registration No. (Attorney/Agent)	54,744	Telephone	(617) 23) -0719		
Name (Print/Type) Jeffrey Kopacz				Date	January 9	9, 2008		